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DEPARTMENT OF CHILDREN AND FAMILIES
Division of Child Care and Education

STATE OF WISCONSIN

Date Correction Plan Due: 5/30/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL: 262-449-7500

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable and (2)(k) Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis Stat 48.715. If the department decides to apply a statutory sanction and / or penalty pursuant to Wis Stat 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis Stat 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center: Shining Knights Academy

Provider Number / Facility ID Number: 4000591004 / 001 - 2008159

Address - Facility (Street, City, State, Zip Code): 5256 N 36TH ST Milwaukee WI 53204767

Telephone Number: 414-212-6922

Date - Regulation Visit: 4/10/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250 04(5)(a)1.d Child Record - Enrollment Information - Parent Contact Info	Description Child 3 had incomplete parental contact information available for review at the time of the monitoring visit.	All forms will be reviewed and make sure all fields are completed.	5/21/24	
2 250 04(5)(a)1.a Child Record - Enrollment Information - Other Emergency Contact	Description Child 2 had incomplete emergency contact information available for review at the time of the monitoring visit. Repeat violation Previously cited on 8/28/2023	All forms will be reviewed and will make sure all fields are completed.	5/21/24	

Name - Certified Operator / Licensed Center
 Shining Knights Academy
 Address - Facility (Street, City, State, Zip Code)
 5206 W 36Th St Milwaukee WI 532094787
 Phone Number
 414-212-8822
 Provider Number / Facility ID Number
 4000591004 / 001 - 2008199
 Date - Regulation Visit
 4/10/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(5)(a)1 g Child Record - Enrollment Information - Authorized Pickup Description: Child 2 had incomplete authorized persons information available for review at the time of the monitoring visit.	All forms will be reviewed and I will make sure all fields are completed	5/21/25	
4 250.06(2)(a) Staff File - Staff Record Form Description: Staff F did not have a staff record form available for review at the time of the monitoring visit. Recent violation previously cited on 3/28/2024 not staff household	All staff will have files with completed information	5/21/25	
5 250.05(2)(c) Staff File - Days, Hours Worked Description: Two staff were signed in on attendance at the time of the visit and there was one staff present for the visit.	Each staff will confirm that they're signed out before leaving and arriving.	5/21/25	
6 250.05(2)(d)1 Staff File - Physical Examination - Form Description: Staff D and Staff F did not have a Staff Health Report available for review at the time of the monitoring visit and have been employed and working with children for more than 30 days. not staff household members	Each staff will have completed staff health form report completed	5/21/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Shining Knights Academy		4000591004 / 001 - 2006159		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
5286 N 38th St Milwaukee WI 532094787		414-212-8922	4/10/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7 250.05(3)(e)1 Provider Training - Obtain Cpr Certificate	Description: Staff D and Staff F did not have a CPR training verification available for review at the time of the monitoring visit and have been employed for over 3 months. <i>They are not staff household members</i>	<i>All staff will have updated CPR in files</i>	<i>5/2/25</i>	
8 250.05(3)(e)2 Provider Training - Current Cpr Certificate	Description: Staff A does not have a current CPR/AED training available for review at the time of the monitoring visit. CPR/AED training reviewed expired in March 2025. Repeat violation: Previously cited on 1/11/2024	<i>All staff will have updated CPR in file</i>	<i>5/2/25</i>	
9 250.05(3)(f)m Biennial Training - Child Abuse & Neglect	Description: Staff D and Staff F did not have any verification of completing CAN/Mandated Reporter training prior to working with children. <i>They are not staff household members</i>	<i>All staff will have update training in file</i>	<i>5/2/25</i>	

Name - Qualified Supervisor / Licensed Center

Sharing Angels Academy

Facility Number / Facility ID Number

4000501004 / 001 - 3008150

Address - Facility (Street, City, State, Zip Code)
6200 N 38TH St
Milwaukee WI 532084787

Telephone Number
414-212-8923

Date - Inspection Visit
4/15/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
10 280.05(3)(a)	Provider Training - Abusive Head Trauma Description: Staff C, Staff D and Staff F did not have verification of completing Abusive Head Trauma training available for review at the time of the monitoring visit and have provided care for children in care <i>Household members not</i>	Staff trainings will be completed upon due dates and placed in folders	5/1/25	
11 280.05(4)(a)	Staff Orientation - Documentation Description: Staff C had an incomplete orientation available for review and was caring for children alone	All forms will be completed and sent going forward	5/1/25	
12 250.06(2)(m)	Premises - Condition & Repair Description: Outdoor premises was not free from litter and maintained in a sanitary manner, accessible to children Repeat violation: Previously cited on 6/29/2023	I will conduct checks daily to make sure yards are free from litter and yard is safe for children	5/1/25	
13 280.08(3)(b)	Emergency Plans - Practice Description: Fire and Tornado drills documented for the month of April 2025 were documented as being conducted on March 31, 2025	I will make sure dates are written in correctly for the month	5/1/25	

Name - Certified Operator / Licensed Center
 Learning Knights Academy

Address - Facility (Street, City, State, Zip Code)
 5236 N 38TH ST Milwaukee WI 532084787

Provider Number / Facility ID Number
 4000691004 / 001 - 3006150

Telephone Number
 414-212-8922

Date - Regulation Visit
 4/19/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.26(7)(b)1 Doors - Unobstructed Description: Back exit was obstructed by a kitchen chair when Provider was showing LS the playspace. Front entrance was obstructed by multiple boxes upon entry for the visit. Repeat violation: Previously cited on 3/28/2024	All chairs will be pushed in underneath after each meal. Devices will be removed from front door ASAP going forward	5/2/25	
250.26(9)(1) Meals & Snacks - Minimum Meal Requirements Description: Meals and snacks documented did not meet minimum USDA requirements. Repeat violation: Previously cited on 6/28/2023	Menus will meet minimum requirements	5/2/25	
250.26(9)(2) Meals & Snacks - Records Description: Written records of meals/snacks actually served to children in care were not documented for the day of the visit and were not available for months prior as inaccurate menus	ONLY current menus are displayed I will remember to date menus going forward prior menus of past menus	5/2/25	

are put away in a binder. If you need to see menus just ask.

Name - Certified Operator / Licensed Center
Training Knights Academy
Address - Facility (Street, City, State, Zip Code)
5338 N 267th St Milwaukee WI 53204787

Provider Number / Facility ID Number
4000891004 / 001 - 2006189

Rule/State Number Noncompliance Statement	Telephone Number	Date - Registration Visit	Expected Completion Date	Verification Date
17 250.07(5)(b)2. Medical Log Book - Pages And Entries Description: The medical log book provided at the time of the monitoring visit had skipped lines, missing pages, not number all the way through and missing initials/signature during incident. Repeat violation: Previously cited on 3/28/2024	414-212-9922	4/10/2025	5/21/25	

Correction Plan
going forward
no skipped lines
no missing pages
all pages will be
#

NAME - Agency Worker
Kendi Sabjan, Rhonda Bruggemann

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Charlene Knight

Date Issued
5/16/2025

Date Signed
5/21/25